NATIONAL Assessment Centre	1	el 1 Jan'05] M K		1 ,	Done by	
Date In: 75   7   18-16:45	Jeb description		Date &Time Completed	-	יַט אווס כי	_
Re[ No: NA   14   C 180   3563   24	SAS e-filing		1			
Veh No: YK988X	E-mail (within Sh	rs, AIC 2hrs)				•
D.O.A: 27 18-12-27	i-Motor Claim	Form	MT 1004608-001	XXX	17:16	
	i-Motor W/O (	Within: OD 2hrs	, TP 4brs)			-
OD TP Reporting Only	i-Photo Upload	led			11	
	Assessment/Sur	vey Report				
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp	<u>i                                     </u>		-
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		
TP Particulars: Veh No: XOSO	SET .	. INC (	)/Non-INC( )	3 8		30
Owner / Driver: (			Tel:	10	)	
Policy No: ( ) Per	iod: (	)	Cover Type: (		)	- 000
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %) [N	Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%. F: 80	-100%]		
Year of Registration: ( ) V	Varranty: YES (	)/NO(	)			1100
Excess: (\$ ) Loading: \$1,00	00 ( )/\$2,000 (	)				-
General Remarks:-	<b>数据表示</b>		1874.232	STATE S		
( ) Walk-In Customer: Customer's infor	mation strictly Conf	idential & St	rictly NO refer of repaire	r.		
( ) Total Loss Case : to e-mail Insure				25		
Drive-In ( )/ Towed-In ( ); Invoice:		); T	owing Co: (		. )	)
			Date& Time Completed	<b>M276</b> 0	Done by	
Remarks:- (INC horline: 6788 6616)		A STREET	Dates Intil Solupe	1		
1) Apply for Transport Allowance ( )/C			****	TA TO		
2) QC Check / Post Repair Inspection	( )		<del></del>			_
3) Upload Resurvey Photo [Repair Cost > \$3	000] ( )				-	
Injury:						
Date/Time Actions		5 - 25 -	。		SKYNEY	
1281919	SPCCAREE STATE					
30						
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		Invoice Pro	paration Checklist	100 Con 100 Co	S. 2.1	nt (1)
NA1804697 .		1) AR : Acciden	\$100 Per 100 P	47600004	KDIII.	3112
laimant's Particulars:-		2) DA : Damage	Assessment (\$100); INC	(\$80) \$40/\$45		
river/Owner:		3) TF : Towing 4) FT : Follow-	Free Survey	\$120		
		5) FT : Follow-	Through Survey (Resurvey)	\$30		_
ontact No:		For claiming 6) TR : Re-insp	egainst INC Only (well 10 Jan 2	\$75		databet in
amaged Portion:	1	7) N1 : Idao DA	+ SMRT Survey	\$160	7.11	
	•	8) NTUC Addit	ional Services:-			
C Checked by (Engr-In-Charge):	52	*N5: Courtes	y Car / Tpt Allowance	\$5	Chart I	
	4 - 18 - 18 - 18 - 18 - 18 - 18 - 18 - 1	*N6: Repair	Co-ordination pair Inspection	510 525		
uditors! Comments :-		*N8: DV / C	ollect Excess Coordination	\$5		1600
t. 1:	AL MANAGEMENT	TP (N11) : T 9) N12: Idac M	P (Non INC) against INC	30	1.	
		Invoice dated	Fee Char	rea	200	a)
1. 2/3:	a .	Invoice dated	Fee Chan	ged 💆	TANKS.	

per it

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver,
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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Date Of Report 25/07/2018 16:45
Date Of Accident 25/07/2018 10:55

Exact Location Of Accident JUNC JLN BUROH & JURONG PORT RD

Country/State of Loss SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YK988X

#### Insured/Policyholder

Name Of Registered Owner HUK SENG TRANSPORT PTE LTD

Co Reg No 200605723C Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-92709470

 Alternative Phone No
 OFFICE-92709470

#### Vehicle Particulars

Manufacturer MITSUBISHI
Model FUSO FM658M

Exact Purpose for which vehicle was being used at

time of accident

WORKING

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

## Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5083232647-01

Cover Note Number

### Driver

Name of Driver PANDI MURUGESAN

 Passport No/FIN
 G6355449P

 Date Of Birth
 23/03/1980

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/09/2014

Driving Experience 3 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81140133

Fax Number

Contact Number OFFICE-81140133

EMail Address NOEMAIL

BLK 1 WHOLESALE CENTRE Address

#02-18

Postcode 110001

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions DRIZZLING Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident. 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1

NO

Number of Passengers (Including Driver)

### **Details of Police Action**

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

## Circumstances of Accident

REFER TO STATEMENT.

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

XD5036J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ju	werrion or ( JUN BURGH / JUNNA PORT ROAD)
I	was on the first cans.
W	T CHARGEN , NOITING AT THE JUNCTION , SUDDENLY I
N	OTICED OF VEHICLE ON THE LEFT SIDE OF MY
Ve	SHICLE WAS TOO WAMED TO MAKE A RIGHT TURN.
	HE VEHICLE MADE A EARLY TWOM WHICH THIS SIDE
	F HIS VEHICLE HIT ONTO THE LEST FRONT OF MY
1	VIEW CUE DURING THE PROCESS OF MANNEY A RIGHT THAN
A	FIER THE COLLISION OF OUR VIGANICUE, THE DRIVER
	OR VEHICLE WITH CICENCE PLATIE (XD 5036 J)
	MR UM SWELL CRNG ADMITTIED IT WAS HIS FOULT OF
	MAKING A BARLY TURN, AND HAND WRITTEN AND SIGNED
	HE A PIECE OF PAPER AND PASSED TO ME.
	remicuse A - Mc 988 X
	NAMICUS 13- XD 50363

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

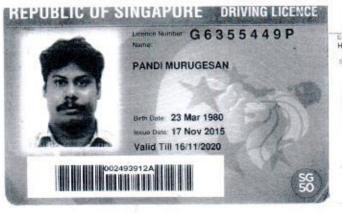
NRIC/FIN No.:

On 2t/7/2018 at 10.55 am to I travelly along Lin) driving vehicle No: XD 5036I travelly along I'm Buroh. While turning right to Jung Port Rd. accidentally hit outo YK 988X. Left eide.

I willing to pay for the damage. If not, claim against my insurance

# 25/7/18 Mr. Lim Sure Un.

Vehicle No.	5k 955x Model/Make MITSURISHI PUSO
Date of Accident	25/07/2018
Time of Accident	10 55' HRS
Location of Accident	JUN BURNET TOWNSON SIGNAIR ROAD, JUNGSON OF (JIN 8
Exact purpose use during acci	dent women Hour
Name of Owner	think sunh transport PTE LTD
Telephone No.	H/P: 9290 9470 Home: Office:
NRIC	200605 7230
Address	I WHOLESALE CENTRE #02-18 PASIR PANJANI WHOLESALE CENTRE
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NIC
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5083232647-01
Name of Driver	As Above If No PANDI MURU GESAN
NRIC PIN	Any Descendant
Date of birth	23/03/1980
Occupation	Outdoos / Indoor
Driving License Pass Date	18 SEP 2014 CLASS 4
Gender	Male / Female
Contact No.	H/P: 811 40 133 Home: Office:
Address	
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other Carzein
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	
Name And Contact No.	The second secon
Police Report	No. If Yes, Where?
Vehicle B No.	XD 50 36 7 Any Passengers :
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	CEFT FRO.VT
Camera Recorder	Yes / No
Email Address	
Email Address	
	THANCAR BUTO MANUE PUZ LES
PARTICULAR WORKSHOP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	70~
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51· com· sg



5 PA55

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

HUK SENG TRANSPORT PTE, LTD.

Sector: SERVICE



PANDI MURUGESAN LORRY DRIVER

0 35801545

Date of Application 19-08-2016

02-09-2016 02-09-2018



L7165028

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 26 Class 3

Motorcycles =< 200 cc -16 Nov 2010
Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles << 500kg
\*\*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg

Class 4

PANDI MURUGESAN

Date of Birth Sex

INDIAN

23-03-1980 M FIN Date of Issue

Immigration Regulations

Date of Expiry

G6355449P 02-09-2016 02-09-2018

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Licence No:G6355449P

NP 428A



# Certificate of Insurance

er: Third Party  88X  558MB00158  C SENG TRANSPORT PTE LTD  Sep 2017  Sep 2018  with his/her permission.  th the licensing or other laws or regulations to drive
88X 558MB00158 C SENG TRANSPORT PTE LTD Sep 2017 Sep 2018 with his/her permission.
SS8MB00158 SSENG TRANSPORT PTE LTD SEP 2017 SEP 2018 with his/her permission.
SENG TRANSPORT PTE LTD Sep 2017 Sep 2018 With his/her permission.
sep 2017 sep 2018 with his/her permission.
with his/her permission.
with his/her permission.
fied by order of a Court of Law or by reason of any Vehicle. on with the Policyholder's business or profession.
the Policyholder's business.
oled mechanically propelled vehicle.
hicle (Third Party Risks and Compensation) 987 (Malaysia), are not to be included under these
1

<b>eBao</b> Tech									GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601		NAME OF TAXABLE PARTY.		-	,	Change Lan	guage	Change Passwo	rd • Log Out		
My Desktop	Polic	y Query										
Notice of Loss	Policy N	10-				Date of Acc	ident	25/07	7/2018 10:55			
	Vehicle	No.(For Motor)	YK988X									
					- 1	Search						
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date		
	0	5083232647- 01	HUK SENG TRANSPORT PTE LTD	200605723C	GCV	Third Party	YK988X	YK988X	04/09/2017	03/09/2018		
						Continue						

Policy No.	5083232647-01	Policyholder Name	HUK SENG	TRANSPORT PTE LTC	Policyholder NRIC	200605723C	
Address	BLK 1 #02-18 WHOLESALE CENT	TRE SINGAPO	RE 110001				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	21/08/2017	Effective Date	04/09/2017	00:00	Expiry Date	03/09/2018 23:5	59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/In	nexperience Driver Excess
Agent	CAR INNS INSURANCE AGENCY	Agent Tel.	64587787		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	BLK 1 #02-18	Addre	ess 2	WHOLESALE CENTR	E	Address 3	SINGAPORE 110001
Address 4		Addre	ess Type	Singapore address		Post Code	110001
Unit No.	02-18	Relati	ed Policy per	5071860935-03			
D Insure	d Object: YK988X						
	ements						

cident HT/1004608										
icy No.	5083232647-01		Vehicle No.	YK988X		G	ST Registration N	0.	200605	723C
Nicytrolder Name	HUK SENG TRANSPORT	T PTE LTD				p	olicyholder NRIC		200609	723C
reduct Code	COMMERCIAL VEHICLE	E INSURAL	Cover Type	Third Part	ty		mading		0	3757
ontact No (Mobile)	92709470		Contact No.(Office)	0			Contact No. (Home)	000	0	
mail Address			Special Remark				Code		No. V	
FK	® No ○Yes		TCA	® No ○	Yes		Code Reason		*******	
CD Protection	No		NCD Entitlement(%)	10			vivate Hire :		No	
Accident Details			I I Supplemental State .	**						
eport Date	25/07/2018 17:13		Accident Report Within 24 hrs	Ves		1	ccident Type		A. Francisco	- Change / Cross lane
ate of Accident	25/07/2018									
	23/0//2016		Time of Accident nh:mm	10:55			ountry of Accident	5	Singapo	re
eporting Centre	100000000000000000000000000000000000000	TOTAL PROPERTY.	Orange Force			10	CM No.			
	JUNC JUN BURGH & JU	RONG PORT RD								
2 Benefits										
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named Driver Excess			Outside Singapore OD Excess							
ind Party Excess		0.00	Outside Singapore TP Excess							
GST Registered Inform	ation									
T Registered	Yes			GS	T Registration Date		01/07/200	16		
T Registration No.	20060	05723C		GS	T Status Venfied		No			
dification History										
Policyholder Mailing Ad	idress									
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dress 4	uneral execution all in				LE CENTRE		ddress J			ORE 110001
nt No.	22.14		Address Type	Singapore		Pi	ost Code		110001	
	02-18		Related Policy Number	50718609	135-03					
o OI Driver Info	****									
iver Name	Unnamed Driver		Driver Type	Unnamed						
named driver Name	PANOL MURUGESAN		Driver NRIC	GE355445	NP		river DOB		23/03/1	980
gister Date of Driver License			Driver Age	38		Di	riving Experience		3	
intact No.(Mobile)	81140133		Contact No. (Office)	0		C	ontact No.(Home)		0	
Mress 1	BUK 1		Address 2	WHITEER	LE CENTRE		distance 2			MAJANG WHOLESALE CE
			Proceed L	MINOCESA	DE CENTRE	A	ddress 3		PAREIR P	
Idress 4	SINGAPORE 110001		Address Type	Singapore			ost Code		110001	
IE No.	SINGAPORE 110001 02-18									
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it No. les he own a Singapore gotered car?	02-18		Address Type			Pt	ost Code	pany		
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